Fully Functional Service Delivery Point Training for Facilitators: Report for Herat Province, Afghanistan

March 2005

This report was made possible through support provided by the US Agency for International Development, under the terms of Contract Number EEE-C-00-03-00021-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the US Agency for International Development.

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Background

The Fully Functional Service Delivery Point (FFSCP) quality improvement tool for the health facility level was adapted by REACH to the Afghan context. The conceptual framework for this methodology was presented to REACH, USAID and MOPH in September, 2003. The MOPH showed a high interest and requested REACH to conduct a first stage implementation phase. Three NGOs (IMC in Kabul and CHA, NPO in Herat) expressed a commitment and willingness to participate in the first stage implementation phase of FFSDP beginning in June 2004 and ending in November 2004.The results of first phase were presented to REACH, USAID and MoPH in December 2004. In view of the promising results, the MoPH decided to present the FFSDP methodology to the Ministry's Technical Advisory Group (TAG) for further adoption of the tool at national level. In the meantime REACH decided to scale-up implementation of the FFSDP methodology to all REACH-supported health facilities in the 13 REACH priority provinces.

The scale-up implementation will be done in two phases in each province. In the first phase a 4-day training will be conducted by FFSDP core team for REACH grantee NGOs and Provincial Health Office staff followed by a baseline evaluation of 6-8 health facilities in each province (3-4 health facilities per NGO). The baseline evaluation is the practical part of the FFSDP training during which the trainees will learn how to conduct the health facility evaluation. At the same time, REACH Field Office staff who have already been trained for FFSDP will be evaluated as external facilitators and trainers by FFSDP core team members.

During the second phase the remaining REACH supported health facilities in the province will be covered by REACH/Field Office staff (PHAs and Health Officers) who has already received FFSDP training.

Training Objectives:

• Demonstrate understanding of the role of FFSDP as a needs-based technical assistance delivery tool for improvement of quality of BPHS provision (at the service delivery point level including the health facility, the surrounding CHWs, and communities).
• Carry out a technical assistance needs assessment and guide NGO Facilitators in developing a workplan for prioritizing the corrective actions.
• Provide technical assistance to NGO facilitators for appropriate use of the FFSDP tool to support health providers in making sustained improvements in essential management support systems.

Pre-requisites for Successful Participation in Workshop (See Annex A)

Training Methodology:

The training was based on a comprehensive training manual developed specifically for FFSDP. The training aims at 1) understanding the FFSDP concept and methodology and

values of the standards, 2) understanding the use of the FFSDP evaluation and educational documents, and 3) improving facilitation skills as sustainable behavior changes are addressed all along in the FFSDP tool. The training methodology includes the use of PowerPoint presentations, Q&A, discussions, role plays, exercises using a participatory methodology throughout. The theoretical training (4 days) is followed by 3 days of observation of an external evaluation as practical training. Guidance is provided in scoring decision-making and providing supportive feed-back to the supervisor and the health facility staff.

Training and Baseline Evaluation Dates

February 1-5: FFSDP Methodology and concepts.
February 6-8: Baseline evaluation and field visits done in seven health facilities (CoAR, WVI and NPO)
February 9: Certificates awarded by REACH FFSDP Master Trainers.
February 10: Feed back presentation of baseline evaluation's results to the NGO headquarters.
February 12: NGO internal facilitators developed a 6 month work plan with support of FFSDP Master Trainers (Dr.Shakoor and Dr.Fatima).

During this period we proposed to the NGOs to create an FFSDP support team for the province. This team will include FFSDP internal facilitators (one from each NGO-mainly the NGO supervisor or field health coordinator) and will be chaired by a REACH Field Office staff (Health Officer). The purposes of the FFSDP support team are 1) to conduct joint assessments, 2) to provide joint technical assistance to the health facilities staff, and 3) to share experience and knowledge with each other. They will have monthly meetings to share problems and find solutions, and identify needs for additional TA from the REACH Kabul FFSDP core team. This suggestion has been supported by the NGOs and the first meeting is planned for the end of February 2005.

FFSDP Master Trainers

Dr.Fatima Shobair FFSDP Quality Monitoring Officer, REACH

Dr.Shakoor Hatifie Quality Improvement/FFSDP Technical Advisor REACH

Homaira Hanif Technical Support Officer REACH

Training Participants (See Annex B**)**

Training Language Training language was in Dari.

Training Evaluation

Participants' knowledge about the FFSDP tool: Comparing the pre- and post- evaluation sheets, there was a 70% improvement in the level of knowledge about the tool.

Participants concerns and expectations:

- All of the participants found that their expectations of the training had been met and many of their concerns were lessened.
- All of the participants feel that FFSDP is a helpful tool for improving the quality in their health facilities
- 5% expressed that the duration of some sessions of the training was short.
- All of the participants expressed that the field observation helped them to gain more confidence in conducting evaluations on their own
- All of the participants liked the training methodology used as every one had a chance to fully participate.

Baseline Evaluation (Field visit)

The baseline evaluation was conducted in 6 health facilities, three from each NGO (CoAR and WVI). (See in Annex C for name, type and location of the facilities evaluated)

Results

All participants showed good interest during the baseline evaluation activity. As they fully understood the value of each standard during the training they did not demonstrate a tendency of scoring a standard which in fact was not met as we had experienced in the very first phase of implementing FFSDP (June 2004).

In general, the two NGOs are in a good position regarding resources, but weaknesses were observed in relation to 1) a lack of proper management support systems, 2) community approach and 3) community support.

For example, there is no proper ordering and stock control system for essential drugs and supplies. There is also a great need for training in proper clinical waste management as all facilities are lacking this system. The referral forms are available but with incomplete information, and there is no referral register available in any of the evaluated facilities. There are Shu ra-e-Sehie for the facilities but they are not functional.

In Khoja Charshanba (Karukh District) the BHC is located far away from the villages which results in a low utilization rate especially during the winter time. For the same reason, the Shura-e-sehie's members are reluctant to come to the monthly meetings.

Two out of the 6 health facilities have active CHWs in their catchment area, but they are reporting to the NGO headquarters through CHW supervisors, by-passing the in-charge of the health facility who has no information about their activities.

CAAC is not been conducted so far by any of those 6 health facilities. At the health facility level, the MIAR is available but the MAAR is not as active CHWs submit their reports directly to the NGO headquarter through the CHW supervisor. Some of the health facilities are still using the old tally sheets at the OPD. IEC material is not available in any of the 6 health facilities.

The work of NGOs is extremely centralized, which is minimizing the empowerment of the health facility staff. For example, there is no involvement of the health facility staff in the training assessment of its staff and there are no proper training activities at the level of the health facility. Staff job descriptions and staff qualification documents are not available at the health facility; staff are not aware of the annual budget of their health facility.

In general, resources are better than management support systems. (See Annex D for graphic results of the baseline evaluation for each NGO).

Recommendations

During the FFSDP training, we observed that NGO supervisors need additional training on HMIS, Community Mapping and Community Leadership in order for them to properly deliver direct technical assistance to the health facilitiy staff. Indeed, they are the ones who have a regular contact with the HF staff. They should have all the right information on hand to guide the HF staff.

Annex A:

Pre Requisites for Successful Participation in FFSDP Training Workshop:

- Experience in Public Health in Afghanistan
- Sufficient seniority to facilitate providing TA to senior NGO /health facility staff
- Good knowledge and understanding of MoPH BPHS in Afghanistan
- Good understanding of the community based health care system of the MoPH in Afghanistan
- Strong motivation to use FFSDP for needs assessment based delivery of technical assistance.

Annex B:

List of Participants for FFSDP Training Workshop, Heart

February 1-12, 2005

REACH PARTICIPANTS	
Name	**Designation**
Dr.Ahamad shah Ahmadi s/o Gholam Yahya	Health Officer(CHA)
Dr.Abd ul Rahim s/o M.Zarif	Assistant Health Officer (W.V.I)
Dr.Gholam Sarwar s/o Agha Mohammad	CHC Incharge (CHA)
Dr.Wahab s/o Abdul Salam	BHC Incharge(W.V.I)
Dr.Waheed s/o Habibullah	BHC Incharge (W.V.I)
Dr.Ghani s/o Abd Qayom	CHC Incharge(W.V.I)
Dr.Ajmal Hamidis/o Abdul Hamid	BHC Incharge(CHA)
Dr.S.Mashooq Sadat s/o	CHC Incharge
Dr.Abdul Qayom Asim s/o Abd ul Rahman	Field Supervisor(CoAR)
Dr.Abdul Rahim s/o Abdul Karim	BHC Incharge(CoAR)
Dr.S.Dawood s/o	BHC Incharge(CoAR)
Dr.Omar Nohi s/o	PHC supervisor (MoPH-Herat)
Dr.Hayatullah s./o Habibullah	Deputy PHC(MoPH-Herat)
Dr.Safeeullah Sorosh s/o	CHC Incharge(NPO)

Annex C:

Type/Location of Health Facilities Evaluated in FFSDP Phase 1 Herat Province

Code Number of Facility	Type of Facility	District/Location of Facility	NGO
1595	BHC	Karukh/Naistan	CoAR
1737	CHC	Karukh/Karukh center	CoAR
655	BHC	Karukh/Khuja Charshanba	CoAR
1746	BHC	Esfarz	W.V.I
670	CHC	Chesh e sharif	W.V.I
1747	BHC	Dara -Takht	W.V.I

Annex D:

Baseline Evaluation Results of 6 Facilities (W.V.I and CoAR)